Linder the Pa	network Reduction Act of	1995 no nerson ere n	out beginne	U.S. Paten	t and Trademan	rk Office; U.S. DEF	PARTMENT O	OF COMMERC	
Effective on 12/08/2004				respond to a collection of information unless it displays a valid OMB control number Complete if Known					
Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 09		09/982,548-Conf. #7782			
FEE TRANSMITTAL				Filing Date Oc		October 18, 2001			
For FY 2009						Dongfang Liu			
				Examiner Name T.		T. C. McIntosh			
X Applicant claims small entity status. See 37 CFR 1.27			,	Art Unit 16		1623			
TOTAL AMOUNT OF PAYMENT (\$) 1		(\$) 1,055.0	0	Attorney Docket No. M		10656.700701	JS00		
METHOD OF PAYMENT (check all that apply)									
Check X Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCUI									
1. BASIC FILIN	G, SEARCH, AND E			DOLL FEED	EVALUATION	ATION FEEO			
	FI	LING FEES Small Entity	SEA	ARCH FEES Small Entity	EXAMINA	ATION FEES Small Entity			
Application Type Fee (		Fee (\$)	Fee (\$	Fee (\$)	Fee (\$)	Fee (\$)	Fees	Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
								Small Entit	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)  Multiple dependent claims							220 390	110 195	
			_						
- 20 or HP				ee Paid (\$) Multiple Depend			ent Claims		
HP = highest num	ber of total claims paid for	x = r, if greater than 20.	_		Fee	(5)	ree Palu (	51	
				ee Paid (\$)				_	
	3 or HP =	x =							
HP = highest num	ber of independent claims	s paid for, if greater tha	n 3.						
listings und	N SIZE FEE ation and drawings ea ler 37 CFR 1.52(e)), action thereof. See 3	the application siz	e fee du	e is \$270 (\$135				0	
Total Sheet					ction the reof	Fee (\$)	Fee	Paid (\$)	
Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)							-		
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 2501 Utility issue fee 755.00 1504 Publication fee for early, voluntary, or normal 300.00									
0				unj, rolun	,, 01 1.011				
SUBMITTED BY	Hale I. C	( a 1-		Registration No.	20.240	Total	647.64	2 0000	
Signature	mille muchachach			(Attorney/Agent)	39,248	Telephone	617.64		
Name (Print/Type)	Helen C. Lockhar	rt				Date	February	16, 2010	

Certificate of Electronic Filing Under 37 CFR 1.8							
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic fill system in accordance with § 1,6(a)(4).							
system in accordance with § 1.0(a)(4).	. 11 - 2 000						
Dated: February 16, 2010	Signature: Sharon R. Libyd (Sharon R. Lloyd)						
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